

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54981
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY WISCONSIN
Date Stamp (Received)
OCT 27 2017
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	17-0455
Date:	11-13-17
Amount Paid:	96.00
Refund:	10-26-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:		Mike Bobusch		Mailing Address: N3278 Feather Ridge Rd		City/State/Zip: Appleton, WI 54913		Telephone:
Address of Property:		Corner of Garden Lake + Duck Pt Rds		City/State/Zip: Cable, WI 54821		Cell Phone: 920-475-1000		
Contractor:		UP North Retreats		Contractor Phone: 715-634-6923		Plumber: Bates Plumbing		Plumber Phone: 715-462-3350
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Fred C. Scheer		Agent Phone: 715-634-1062 or 715-699-7294		Agent Mailing Address (include City/State/Zip): P.O. Box 221 Hayward, WI 54843		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 24963		Recorded Document: (i.e. Property Ownership) 2017 569129				
1/4, 1/4	Gov't Lot	Lot(s) 1	CSM 1299	Vol & Page 8/58	Lot(s) No.	Block(s) No.	Subdivision: Fisher Reubing MAP Lake Shore	Lot Size
Section 3, Township 43 N, Range 6 W		Town of: Nomaakagon		Lot Size		Acreage 1.48		

Shoreland	Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$32,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: Mound	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 2/ab	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property				<input checked="" type="checkbox"/> Use <input type="checkbox"/> None <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 22	Width: 22	Height: 14
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input checked="" type="checkbox"/>	Residential Use	(X)	
	with Loft	(X)	
	with a Porch	(X)	
	with (2nd) Deck	(X)	
	with a Deck	(X)	
	with (2nd) Deck	(X)	
<input checked="" type="checkbox"/>	Commercial Use	(X)	
	with Attached Garage	(X)	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	Mobile Home (manufactured date)	(X)	
	Addition/Alteration (specify)	(X)	
	Accessory Building (specify) Detached Garage	(22 X 22)	484
	Accessory Building Addition/Alteration (specify)	(X)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	(X)	
	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mike Bobusch Date 10-25-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

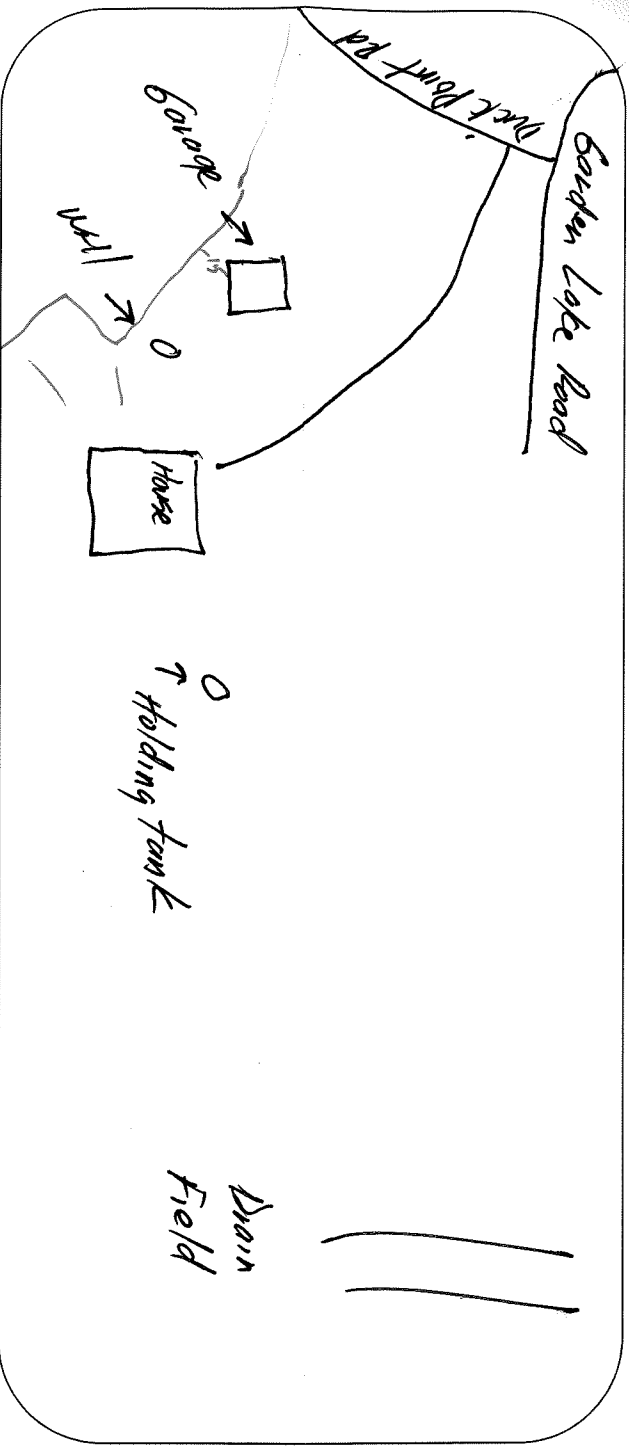
Address to send permit _____
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement
Attach

Draw or Sketch your Property (regardless of what you are applying for)

- | | Proposed Construction |
|---------------------------|--|
| (1) Show location of: | North (N) on Plot Plan |
| (2) Show / indicate: | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (3) Show location of (*): | All Existing Structures on your Property |
| (4) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) |
| (5) Show: | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (6) Show any (*): | (*) Wetlands; or (*) Slopes over 20% |
| (7) Show any (*): | |



Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	275 Feet	Setback from the Lake (ordinary high-water mark)	145 Feet
Setback from the Established Right-of-Way	250 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	250 Feet		
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	18 Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	110 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	55 Feet	Setback to Well	15 Feet
Setback to Drain Field	75 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0455		Permit Date: 11-13-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lots))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Flagged		Zoning District (R-1) Lakes Classification (1)		
Date of Inspection: 10/30/17		Inspected by: [Signature]		
Condition(s): Town, Committee or Board Conditions Attached?		<input type="checkbox"/> Yes <input type="checkbox"/> No - (If No, they need to be attached.)		
Signature of Inspector: [Signature]		Condition: May not be used for human habitation unless all applicable zoning/sanitary & UDC codes are fully met.		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
Date of Approval: 11/1/17		Date of Re-Inspection:		

City, Village, State or Federal
May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0455** Issued To: **Michael Bobusch**

Location: - ¼ of - ¼ Section **13** Township **43** N. Range **6** W. Town of **Namakagon**

Gov't Lot Lot **1** Block Subdivision CSM# **1229**

For: **Residential Accessory Structure: [1- Story; Garage (22' x 22') = 484 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): May not be used for human habitation unless all applicable zoning, sanitary, and UDC codes are fully met. Keep impervious surface below 9,500 sq. ft.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

November 13, 2017

Date